

# Colorado State Personnel System

## Instructions for Completing Consolidated Appeal/Dispute Form

This form is designed for use in all state personnel system appeals or performance pay disputes, whether the appeal is to the State Personnel Director or the State Personnel Board. Please note that the form may also be used to request the State Personnel Director's external review of certain matters related to performance pay disputes. Differences are noted in the instructions.

Appeals must be filed within 10 calendar days of the date on which you received notice of the action being appealed. If the 10<sup>th</sup> day falls on Saturday, Sunday or a legal state holiday, the filing deadline is extended to the next business day. An appeal may be filed by one of the following methods.

- Mail, with a postmark on or before the 10<sup>th</sup> day, to the appropriate address on Section 7 of the form.
- Hand deliver before the 10-day appeal period ends to the appropriate address on Section 7 of the form.
- Fax Board appeals to (303) 866-5038 on or before the 10<sup>th</sup> day. Fax Director only appeals to (303) 866-2021 on or before the 10<sup>th</sup> day.

**The same applies to performance pay disputes except the filing deadline is five (5) working days from the date of the department's or higher education institution's final written decision.**

The use of the form is optional; however, the information requested is required. You may provide the requested information by letter, if you prefer. Failure to give complete and specific information *may* result in dismissal of your appeal or dispute.

### DIRECTIONS FOR FILLING OUT THE FORM:

#### 1. IDENTIFICATION SECTION

**Complainant.** Enter your name, the address where you want to receive mail, and the telephone number where you may be reached concerning this appeal. *It is your responsibility to notify state personnel of any change in your address.* Failure to do this may result in dismissal of your appeal or dispute.

**Certified status.** An employee who has completed the probationary or trial service period is certified and has certain legal rights.

**Representative.** Do not fill in this section unless your representative (i.e., lawyer or a business agent of an employee association) signs the form. This section does not apply to performance pay disputes.

#### 2. RESPONDENT

The department or higher education institution whose action is being appealed or disputed. The name of the person is the one who took the action, e.g., signed the letter or notice. Also briefly describe the action(s) you have taken to try and resolve the matter prior to filing this appeal or dispute.

#### 3. SPECIFIC ACTION(S) APPEALED/DISPUTED

Describe briefly and specifically the action being appealed or disputed.

#### **4. REASONS FOR APPEAL/DISPUTE**

Provide a brief explanation of why you are requesting review of this action. You will have an opportunity to fully explain your position later. The action you are appealing can be overturned only if it is arbitrary, capricious, or contrary to rule or law. "Arbitrary or capricious" is defined as action that has no rational basis or no competent evidence to support it. "Contrary to rule or law" is defined as an action that violates a specific provision of law, policy, rule or procedure. The same applies to performance disputes involving the application of the department's performance pay program or full payment of a performance award.

#### **5. RELIEF REQUESTED**

State what you want to happen as the result of your appeal or dispute. What do you want the Director or Board to order if you win your appeal or dispute? Be specific.

#### **6. NOTICE**

The date you received notice is critical in establishing your right to appeal or dispute. *Attach a copy of the written notice you received, if any, of the action you are appealing or disputing.* Indicate if you did not receive any written notice of the action.

#### **7. TYPE OF APPEAL/DISPUTE**

Check off only those boxes that clearly apply to your situation. Generally, only one or two boxes will apply. Below are definitions of terms that may be helpful:

Base Pay - Current monthly or hourly rate of pay, excluding overtime or premium pay.

Status - Refers to probationary, certified, trial service, and other designations of "status" in state personnel rules (see Board Rule 1-73).

Tenure - Refers to rights associated with being a certified state employee, such as reemployment procedures after layoff.

NOTE: Be sure to mail, fax or deliver the appeal to the Personnel Director if you completed only Section 7.A. of the Colorado State Personnel Consolidated Appeal/Dispute Form; if you completed any part of Section 7.B. of the Colorado State Personnel Consolidated Appeal/Dispute Form, mail, fax or deliver the appeal to the Board.

#### **8. SIGNATURE**

The form must be signed by you or by your representative, if applicable, in the case of an appeal. Also, be sure that the signer's name, address and telephone number are printed or typed above in Section 1.

#### **9. CERTIFICATE OF DELIVERY**

You **must** deliver a copy of this form to the respondent, either in person or by first class mail, addressed exactly as you have given the respondent's address on page 1. Specify whether the copy of the form was delivered by mail or hand, and the date it was postmarked or hand delivered, then sign.

### **WHAT TO EXPECT NEXT:**

Staff will review your appeal or dispute and forward it to either the Director or Board. You will receive a written response advising you of the next step in the process. If you have not received a written response by the 10<sup>th</sup> calendar day, you may call to inquire about the status of your appeal or dispute. Depending on the type of appeal or dispute you have filed, you may call either the Board at (303) 866-3300 or the Director at (303) 866-2393.

Additional detailed information is available in Colorado State Personnel System Rules and Procedures, in particular Chapter 8, on the web at [www.colorado.gov/dpa/spb](http://www.colorado.gov/dpa/spb).